

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	L	32	3/2
FORMALITY REVIEW	SM	479	03-12-01
RESPONSE FORMALITY REVIEW	K.B	1076	05/25/01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	11/25/01
Original	11/25/01
02	03/24/02
03	03/24/02
1	✓
2	↑
3	
4	
5	↓↓
6	↓↓
7	↓
8	N
9	↓
10	N
11	0 ✓
12	
13	
14	↓↓
15	0 ✓
16	N
17	↓
18	↓
19	N
20	↓
21	✓✓
22	N
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	↓
35	N
36	0 ✓
37	
38	
39	↓↓
40	0 ✓
41	N
42	
43	
44	
45	↓
46	N
47	✓✓
48	✓
49	↓↓✓
50	÷ ✓✓

Claim	Date
Final	11/29/01
Original	11/29/01
02	03/03/02
51	✓
52	✓✓
53	N
54	N
55	N
56	✓✓
57	↓
58	
59	↓↓
60	✓✓
61	N
62	
63	
64	↓
65	N
66	✓✓
67	N
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	↓
80	N
81	✓✓
82	↓↓
83	
84	↓
85	✓✓
86	N
87	
88	
89	✓
90	N
91	✓✓
92	↓↓
93	
94	
95	
96	
97	↓
98	✓
99	↓ O ✓
100	÷ O ✓

**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here